

KADLEC REGIONAL MEDICAL CENTER

HOUSE-WIDE

POLICY AND PROCEDURES

Section: Finance

TITLE: Financial Assistance Program	POLICY: X PROCEDURE: X GUIDELINE: STANDARD:	NO. 0224
Key Words: aid, charity care, waived, reduced	EFFECTIVE DATE: 4/1/10	PAGE 1 OF 2
ADMINISTRATIVE APPROVAL: Signed by: Lane Savitch, President	SUPERSEDES: 04/09, 8/07, 11/04, 5/02, 7/96, (203.4), 4/90, 12/85	
COMMITTEE APPROVAL/REVIEW: ET (see notes); AUDIT & FINANCE 2/16/11; BOARD 02/22/2011		
DEVELOPMENT TEAM/AUTHOR(S): PFS		(send to DOH)
AUDIT REVIEW: (By and Date) PFS 4/99; PFS 3/02		

PURPOSE:

To provide financially indigent patients assistance with medical expenses through the hospital's Financial Assistance Program in compliance with Washington State guidelines. ("Patient" in this policy refers to the party who is financially responsible for the patient, e.g. a parent, where appropriate.)

POLICY:

Kadlec Regional Medical Center is committed to the provision of health care services to all persons in need of medical attention, and will not deny necessary health care to any individual because of his/her inability to pay, according to the policy stated herein. Persons who qualify may receive hospital services at no charge or less than routine charge.

The Financial Assistance Program depends on Kadlec Regional Medical Center's financial ability to help patients, and does not include elective or cosmetic procedures and charges for other than hospital services. Not included are any services that are eligible for payment from other sources such as: Department of Social & Health Services (DSHS), Medicare, third party liability or insurance. Any payment sources or insurance for which the patient is eligible must be declared and assigned to the hospital before financial assistance can be made available.

Kadlec Regional Medical Center will post notices in the Emergency Department and the admissions office informing patients that financial assistance may be available.

PROCEDURE:

All individuals seeking medical care, inpatient, outpatient and emergency room services are screened for method of payment. When it appears a patient may be indigent, e.g. uninsured and underinsured, that individual may be presented with Kadlec Regional Medical Center's Questionnaire (see KMC Form #1081) to determine eligibility.

Applications for the Financial Assistance Program (see KMC Form #1079) are to be completed and signed by the patient (or the patient's representative). Proof of income should be provided, as described below, and the hospital will retain a copy with the application. All information submitted should have supporting documentation available on request. Information given to Kadlec Regional Medical Center will be considered confidential. In the event that the responsible party's identification as an indigent person is apparent to Kadlec Regional Medical Center personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, the hospital will grant Financial Assistance based solely on the initial determination. In these cases, complete verification or documentation is not required in accordance with Washington State law. If a patient cannot provide documentation, the patient must provide a written statement regarding income and family size, together with an explanation as to why documentation is not available, which the hospital will consider in determining eligibility for financial assistance.

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Any of the following documentation will be acceptable for determining eligibility for the Financial Assistance Program:

- IRS tax return copy for the most recently filed year
- Payroll check stubs
- Unemployment compensation determination
- Medicaid or medical assistance rejection
- W-2s
- A written statement from an employer or DSHS or similar agency

Kadlec Regional Medical Center may verify from listed references information given on the application. Copies of documentation will be retained with the application whether approved or denied.

Kadlec Regional Medical Center will also consider the following in determining eligibility:

- Bank Statements
- Rental receipts including subsidy information
- Dependent birth certificates
- Statements of accounts owing

The applicant will be notified of approval or denial for Financial Assistance after receipt of completed application and documentation. In addition the applicant will be given reason for a denial and information regarding an appeal, including the opportunity to provide additional information. The applicant may be requested to furnish additional information or documentation before final determination is made. Any patient who fails to complete the application for the Financial Assistance Program, including providing available information, is regarded as abandoning the application and will be responsible for the full amount of hospital charges.

The Financial Assistance Program will be available to patients whose family income is 300 percent or less of the Federal Poverty Guidelines and individual financial circumstances will be used in conjunction with Federal Poverty Income Guidelines (see Attachment A) for determination of individual Financial Assistance Program write-offs. Family size and financial situation will determine the patients' financial responsibility, which is a percentage of charges, as displayed at the bottom of the Federal Poverty Income Guidelines. Kadlec Regional Medical Center may require information regarding the following in order to determine a patient's eligibility for reduced charges if the patient's income exceeds 200% of the Federal Poverty Guidelines:

- Family assets, including bank statements;
- The patient's future earning capacity;
- The existence of other extraordinary family expenses; including rent expenses; and
- The patient's ability to make payments over time, as reflected by a third party credit report or other documentation.

Kadlec Regional Medical Center will review its cost to charge ratio yearly to ensure the amount billed to the patient for all applicants between 200% and 300% of the Federal Poverty Income Guidelines is no greater than 130% of its cost to charge ratio.

Under some circumstances Financial Assistance may be approved for patients not meeting the above criteria. Kadlec Regional Medical Center may write these amounts off as Catastrophic Financial Assistance for patients with family income in excess of 300 percent of federal poverty level when circumstances indicate severe financial hardship or personal loss. Criteria defined in guidelines are subject to change by the hospital as circumstances dictate.

2011

FEDERAL POVERTY GUIDELINES GROSS ANNUAL INCOME

FAMILY SIZE	200%	225%		250%		275%		300%	
1	21,780	21,781	24,503	24,504	27,225	27,226	29,948	29,949	32,670
2	29,420	29,421	33,098	33,099	36,775	36,776	40,453	40,454	44,130
3	37,060	37,061	41,693	41,694	46,325	46,326	50,958	50,959	55,590
4	44,700	44,701	50,288	50,289	55,875	55,876	61,463	60,464	67,050
5	52,340	52,341	58,883	58,884	65,425	65,426	71,968	71,969	78,150
6	59,980	59,981	67,478	67,479	74,975	74,976	82,473	82,474	89,970
7	67,620	67,621	76,073	76,074	84,525	84,526	92,978	92,979	101,430
8	75,260	75,261	84,668	84,669	94,075	94,076	103,483	103,484	112,890
9	79,080	79,081	88,965	88,966	98,850	98,851	108,735	108,736	118,620
10	82,900	82,901	93,263	93,264	103,625	103,626	113,988	113,989	124,350
Patient Obligation	0%	20%		40%		50%		56%	

INDIVIDUAL CHARITY DETERMINATION WILL BE BASED ON THE ABOVE CRITERIA

Updated as Federal guidelines change